

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

MAIL: 135 STATE HOUSE STATION, AUGUSTA, MAINE 04333
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STATEMENT OF SOURCES OF INCOME FOR LEGISLATORS

2014 Calendar Year: January 1, 2014 - December 31, 2014

Check here if this statement is an update or amendment of a previously filed statement.

Name: BARRY J HOBBS; Office: House; Mailing Address: 22 GLENNWAYED CIRCLE; District Number: 14; City/Town, State, Zip: SACO, MAINE 04072; E-mail Address: bhobbs@hobbslaw.com

FILING DEADLINE

Please file this statement with the Clerk of the House or Secretary of the Senate by 5:00 p.m., February 17, 2015.

GENERAL INSTRUCTIONS

- Complete all sections. If a section is not applicable, check the box marked "None."
A glossary is located in the back of this form.
If completing this form by hand, please write legibly. NO RED INK
Report the sources of income for you, your spouse or domestic partner, and your dependent children.
Report only specific sources of income. Dollar amounts need not be listed.
Campaign contributions and Maine Clean Election Act payments duly recorded as required by law need not be reported in this statement.
The completed statements are posted on the Commission's website and copies are made available to the public upon request.
Please keep a copy of this statement for your records.

REQUIREMENT TO FILE AN UPDATED STATEMENT

Legislators are required to update their statement of sources of incomes within 30 days of a substantial change in income, reportable liabilities or positions of the Legislator or an immediate family member (except dependent children) that occurs in the current calendar year. (1 M.R.S.A. § 1016-G(2)(B)) Substantial changes include but are not limited to:

- A new employer or other source of income that has paid the Legislator or immediate family member \$2,000 or more in the current year;
A new reportable liability of \$3,000 or more obtained during the current calendar year;
A new contract or other arrangement between the Legislator, immediate family member or associated organization and a State agency, board or commission for the lease or sale of goods or services with a value of more than \$10,000 during the current calendar year; and
A new position in a political action committee, ballot question committee, party committee, or non-profit or for profit organization.

Please call the Commission staff 207-287-4179 if you have any questions.
Thank you for your cooperation!

Part 1. Income from Employment by Another

None. Check this box if you did not have income from employment by another.

Name of Employer	Address	Principal Type of Economic or Business Activity of Employer	Job Title
STATE OF MAINE MAINE LEGISLATURE	2 STATE HOUSE STATION AUGUSTA	GOVERNMENT	ELECTED STATE REPRESENTATIVE

Part 2. Income from Self-Employment

None. Check this box if you did not have income from self-employment.

Name of Your Business/Trade Name	Address	Principal Type of Economic or Business Activity
Name of Client or Customer, if required (see instructions)	Address	Principal Type of Economic or Business Activity of Client

Part 3. Business Entities

None. Check this box if you and your immediate family did not own or control more than 5% of any business.

Name of Business	Address	Principal Type of Economic or Business Activity
NORTHLAND TITLE CO. LLC	74 BEACH STREET SACO, MAINE 04072	REAL ESTATE CLOSING ESCROW AGENT

Part 4. Income from the Practice of Law

None. Check this box if you did not have income from the practice of law.

Name of Practice or Firm	Address	Your Major Areas of Practice	Firm's Major Areas of Practice	Position: Partner, Associate, Sole Practitioner
LAW OFFICES OF BARRY J HOBBS P.A.	74 BEACH ST. SACO, ME 04072	GENERAL PRACTICE ↑	• REAL ESTATE • ZONING / LAND USE	
		CRIMINAL SMALL BUSINESS	• ADMINISTRATIVE • PROBATE • CORPORATE	

Part 5. Income from Any Other Source (PLEASE SEE "ADDITIONAL INFORMATION SECTION")

None. Check this box if you did not have income from any other source. **FOR FURTHER INFORMATION**

Name of Source	Address	Description of Income
<ul style="list-style-type: none"> MAINE BASKETBALL LLC MAINE REDCLAWS NBA/D-LEAGUE BASKETBALL TEAM. 	OXFORD, ME.	DIVIDEND INCOME FROM INVESTMENT
<ul style="list-style-type: none"> HUKSLER HISTORIC ASSOCIATES 	BALTIMORE MARYLAND	LIMITED PARTNERSHIP INTEREST IN HOUSING (EQUITY DISTRIBUTION)
<ul style="list-style-type: none"> 74 BEACH STREET SACO ME 	74 BEACH STREET, SACO	RENTAL INCOME / OFFICES / APARTMENT BUILDING
<ul style="list-style-type: none"> 6 BEACH BACK COVE ESTATES PORTLAND. 	OSBORN AVE. PORTLAND ME.	CONDO MINIMUM INCOME RENTAL PROPERTY.

Part 6-A. Compensation Income of Immediate Family Members

None. Check this box if no members of your immediate family received income of \$2,000 or more from employment or compensation.

Name and Job Title (do not list name of dependent child)	Employer's Name and Address	Principal Type of Economic or Business Activity of Employer
DONNA M. HOBBS SPOUSE SPECIAL EDUCATION TEACHER	SAD 51 CUMBERLAND ME.	SCHOOL DISTRICT
DEPENDENT CHILD DEPENDENT CHILD	PORTLAND PLECO. NORTH EAST SECURITY COLLEGE STUDENT PORTLAND, ME.	PIZZA DELIVERY SECURITY OF EVENT
DEPENDENT CHILD	WAITRESS / BARTENDER WHILE ATTENDING DOCTORAL CHIROPRACTIC PROGRAM, ST. LOUIS, MO	

Part 6-B. Other Sources of Income of Immediate Family Members

None. Check this box if no members of your immediate family received income of \$2,000 or more from any other source.

Name of Spouse or Partner (do not list name of dependent child)	Source of Income Name and Address	Type of Income

Part 7. Loans

None. Check this box if you did not have reportable liabilities.

Lender's Name	Lender's Address	Principal Type of Economic or Business Activity of Lender

Part 8. Gifts, Including Travel and Accommodations

None. Check this box if you did not received any gifts.

Source of Gift	Source of Gift
1. CTIA (CELLULAR TELEPHONE AND INTERNET ASSOCIATION)	2. NCSL (NATIONAL CONFERENCE OF STATE LEGISLATURES)
3. DLCC (DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE)	4. EMPOWERING MAINE LEADERSHIP PAC
	5. TIME WARNER
	6. MAINE STATE CHAMBER OF COMMERCE

Part 9. Honoraria

None. Check this box if you did not receive honoraria.

Source of Honoraria	Source of Honoraria
1. NONE	2.
3.	4.

Part 10. Positions in Political Action, Ballot Question or Party Committees

None. Check this box if you and your immediate family were not a treasurer, or principal officer, decision-maker or fundraiser of a PAC, BQC, or Party Committee.

Name of Committee	Name of Official or Family Member	Title
1. EMPOWERING MAINE LEADERSHIP PAC	BARRY J. HOBBS	FUNDRAISER (PRINCIPAL)
2. DEMOCRATIC LEGISLATIVE CAMPAIGN COMMITTEE (DLCC)	BARRY HOBBS	BOARD MEMBER

(FEDERAL PAC WASHINGTON DC)

Part 11. Conducting Business with State Agencies

None. Check this box if neither you nor your immediate family did business with any State agency.

Name of Agency	Name of Individual/Organization Selling Goods or Services	Description of Good or Services

Part 12. Representing Others Before State Agencies

None. Check this box if neither you nor your immediate family represented another before a State agency.

Name of Agency	Name of Individual Receiving Compensation
<ul style="list-style-type: none"> • MAINE COURT SYSTEM • OFFICE OF SECRETARY OF STATE • DEPARTMENT OF PUBLIC SAFETY • MAINE REVENUE SERVICE • LAND USE REGULATION COMMISSION • OFFICE OF ATTORNEY GENERAL 	<p>BARRY J HOBBS ATTORNEY AT LAW (LAW OFFICES OF BARRY J. HOBBS)</p>

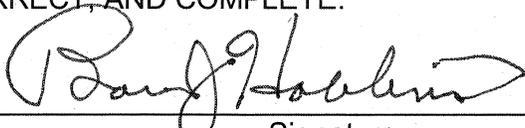
Part 13. Positions in For-Profit and Non-Profit Organizations

None. Check this box if you and members your immediate family did not hold positions in any for-profit or non-profit organizations.

Organization/Business and Address	Title	Name of Position Holder	Relationship to Legislator	Compensated Yes/No
<ul style="list-style-type: none"> • UNIVERSITY OF MAINE FOUNDATION • HOSPICE OF SOUTHERN MAINE 	<p>MEMBER BOARD MEMBER</p>	<p>BARRY J. HOBBS BARRY HOBBS</p>	<p><input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent</p>	<p>NO NO</p>
<ul style="list-style-type: none"> • LAW OFFICE OF BARRY J. HOBBS PA • NORTHLAND TIRE COMPANY 	<p>SOLE MEMBER SOLE MANAGING MEMBER</p>	<p>BARRY J. HOBBS</p>	<p><input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent</p>	<p>NO NO</p>
			<p><input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent</p>	

SIGNATURE

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.


Signature

2/16/15
Date

